
PURPOSE

The Michigan Department of Health and Human Services (MDHHS) policy and process that identifies barriers and provides guidance for adults moving through the continuum of behavioral health care involving State of Michigan hospitals.

DEFINITIONS

Admission/Discharge Coordinator

The chief of clinical affairs, or their designee, operating at each state hospital responsible for conferring and assisting with the Careflow coordinator to develop the admissions prioritization list and ensuring that patients admitted to state hospitals in accordance with such prioritization. The individual is also responsible for monitoring patients identified as ready for discharge and leveraging community-based services to maximize Careflow.

Careflow

The progress of patients through the systems of care involving state hospitals.

Careflow Coordinator

The individual(s) responsible for tracking and coordinating the admission prioritization and discharge readiness lists in collaboration with the state hospital admission/discharge coordinators. The Careflow coordinator works under the supervision of State Hospital Administration (SHA) administrative and clinical leadership.

Community Mental Health Services Program (CMHSP)

A program operated under chapter 2 of the Michigan Mental Health Code (MMHC) as a county community mental health agency, a community mental health authority, or a community mental health organization.

Exhaustion of Alternative Treatment Settings

The conclusion that all less restrictive treatment settings are unavailable to appropriately meet a patient's needs.

Forensic Process

The progression of evaluation, treatment, care, and services in the context of court ordered and other criminal judicial procedure as provided to an individual adjudicated incompetent to stand trial (IST) or not guilty by reason of insanity (NGRI). This process is overseen by CFP under the direction of SHA.

Hospital Diversion

Opportunities to redirect individuals referred to a state hospital to alternative community services when clinically appropriate.

Incompetent to Stand Trial (IST)

A defendant to a criminal charge who, because of their mental condition, is incapable of understanding the nature and object of the proceedings against them or of assisting in their defense in a rational manner. The court must determine the capacity of a defendant to assist in their defense by their ability to perform in the preparation of their defense and during their trial

Not Guilty by Reason of Insanity (NGRI)

An affirmative defense to a prosecution for a criminal offense that the defendant was legally insane when they committed the acts constituting the offense. An individual is legally insane if, as a result of mental illness as defined per MCL 300.1400 or as a result of having an intellectual disability as defined per 300.1100b, that person lacks substantial capacity either to appreciate the nature and quality or the wrongfulness of their conduct or to conform their conduct to the requirements of the law. Mental illness or having an intellectual disability does not otherwise constitute a defense of legal insanity.

Prepaid Inpatient Health Plan

A specialty prepaid health plan per MCL 330.1232b, which provides medically necessary Medicaid specialty behavioral health and I/DD services and Medicaid/non-Medicaid substance use disorder services in Michigan.

Licensed Private Hospital

An inpatient program licensed under MCL 330.1137 for the treatment of individuals with serious mental illness or serious emotional disturbance.

Probate Process

The progression of evaluation, treatment, care, and services in the context of probate court orders.

State Hospital

An inpatient program operated by MDHHS for the treatment of individuals with serious mental or serious emotional disturbance.

Suitable Hospital Bed

A space available in a state hospital that is appropriate for the person being served.

POLICY

State hospitals and CMHSPs provide a continuum of treatment, care, and services within the organizational structure of MDHHS, specifically within the Behavioral Health and Developmental Disabilities Administration, and SHA.

State hospitals admit individuals consistent with regulations and standards promulgated by the Joint Commission, Centers for Medicare & Medicaid Services, the MMHC, and administrative rules. Court orders, prepaid inpatient health plan, and/or CMHSP contract language may impact admissions to state hospitals.

State hospitals and the CMHSPs collectively strive to provide a continuum of behavioral health care in the least restrictive settings.

State hospitals are to be used when all alternative treatment settings have been exhausted for psychiatric treatment, care, and other services. Least restrictive hospital placements are prioritized for patients in the probate process.

All Careflow processes and decisions will be carried out pursuant to the parameters set forth in MCL 330.1708 to maximize access to suitable services. Careflow is supported by:

- Oversight of admissions.
- Oversight of internal transfers.
- Oversight of discharges.
- Oversight of any applicable waitlists.
- Leverage MDHHS community-based supports to maximize Careflow.

To implement and support MCL 330.1708, state hospital admissions are based on the:

- Prioritization of the referred person's need for inpatient services.
- Availability of a suitable hospital bed.

Further, state hospital discharges are based on:

- The patient being clinically appropriate for discharge.
- The patient's forensic status.
- An expectation of community services to address the treatment needs of a reasonably dischargeable patient within the established statutory, administrative rules, or other structures of community-based services.

PROCEDURE

- Individuals referred to state hospitals for admission must be court-ordered through a forensic process or authorized by the appropriate CMHSP.
- Each state hospital reviews CMHSP authorized or court-ordered individuals for appropriateness and review with the Careflow coordinator for final admission determination.
- When an individual is clinically accepted into a state hospital, the Careflow coordinator determines their admission per a prioritization schedule.
- The admission/discharge coordinator will confer regularly and timely notify the Careflow coordinator of anticipated state hospital bed availability.
- State hospital admissions are prioritized in the following order:

Individuals in the Forensic Process

Subsequent to efforts for state hospital diversion and exhaustion of alternative appropriate placement, the following factors will be considered as the admission prioritization schedule:

1. Individuals on alternative leave status.
2. Clinical condition.

3. Date of court order.
4. Custody status (in other words, in-custody, in-custody placement).
5. Legal status (such as NGRI diagnostic or IST treatment).
6. Severity of criminal charges.
7. If on bond, community connection and preparedness to provide services.

Individuals in the Probate Process

Subsequent to efforts for state hospital diversion and exhaustion of alternative appropriate placement, the following factors will be considered as the admission prioritization schedule:

1. Clinical condition.
2. Persons who have reached their maximum sentence date and are being released without parole supervision from the Michigan Department of Corrections.
3. Emergency Department and/or jail placement at the time of referral.
4. Community setting and its stability.
5. Licensed private hospital inpatient medical setting.
6. Licensed private hospital inpatient psychiatric setting.

Admission prioritization schedule and efforts for state hospital diversion will also consider the patient's medication adherence, participation in other available treatment, and likelihood of improvement in the patient's current setting.

In extenuating circumstances SHA leadership may make exceptions to this prioritization order.

- Hospital assignments for admission are determined based on the following criteria:

- NGRI diagnostic admissions are placed at CFP.
- Individuals in the probate process are placed in the least restrictive setting available that is appropriate for level of care required.
- Individuals in the forensic process are placed in the least restrictive setting available that is appropriate for level of care required.
- State hospital staff enter authorized admission referrals into the state hospital's electronic medical record.
- A standard, centralized list of individuals who have been referred and accepted for state hospital admission will be maintained by the Careflow coordinator.
- Referrals for state hospital admission are supported by appropriate legal and clinical documentation. At a minimum, this documentation must include:
 - Any court orders documenting the legal status of the admission, as well as documentation of any legal guardian of the patient.
 - A summary of the patient's hospital course of treatment if referred from a licensed private hospital or recent treatment course of treatment if referred from any other setting, as well as background and rationale for the transfer to the state hospital.
 - Any necessary documentation requested or required by the Careflow coordinator or SHA leadership.
- State hospital discharges are timely and based on the clinical or forensic determination that a person no longer needs hospital-based care.
- The admission/discharge coordinator for each state hospital must maintain a list of people whose treatment teams have deemed them clinically suitable for discharge.
- The Careflow coordinator maintains Careflow metrics. These metrics include, but may not be limited to, the number of individuals, and their length of stay on the state hospital waitlist, and the number of individuals, and their length of stay, on the state hospital discharge list.

REFERENCES

Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.1137, Psychiatric hospital and psychiatric unit, license required; disclosures; provisional license; violation; penalty; annual licensure; fees; receipt of completed application; issuance of license within certain time period; report; "completed application" defined.

Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.1401, "Person requiring treatment" defined; exception.

Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.1708, Suitable services; treatment environment; setting; rights.

Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.2020, Defendant presumed competent to stand trial; determination of incompetency; effect of medication; statement by physician.

Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.2032, Ordering treatment; medical supervisor; commitment; restriction of movements.

Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.2050, Person acquitted of criminal charge by reason of insanity; commitment to center for forensic psychiatry; record; examination and evaluation; report; opinion; certificates; petition; retention or discharge of person; applicability of release provisions; condition to being discharged or placed on leave; extension of leave.

The Code of Criminal Procedure, Public Act 175 of 1927, Persons deemed legally insane; burden of proof.

CONTACT

For more information contact the State Hospital Administration.